

**MS State Board of Examiners for  
Social Workers and Marriage & Family Therapists  
P.O. Box 4508  
Jackson, MS 39296-4508  
601-987-6806/Fax: 601-987-6808**

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**CONTINUING EDUCATION REPORT FOR SOCIAL WORKERS**

Name: \_\_\_\_\_ License No. \_\_\_\_\_

**You are required to list a total of forty (40) continuing education (CE) hours to meet the renewal requirements of the which must include four (4) ethics hours and two (2) hours of cultural diversity. Please list and circle hours for each event as general (gen.), ethics, cultural, or LCSW supervision (sup.). Do not attach brochures, or any additional materials unless you have been notified that your records are to be audited. Please complete as many forms as necessary to document hours. Please do not use initials when writing the names and events or sponsoring organizations. Please only list conferences or events that were approved by Board of Examiners SW CE Committee, National NASW, or any organization approved by ASWB. The approval must be documented on the certificate you received. Please refer to your rules and regulations for guidelines for submitting continuing education.**

- |   | <i>Month/Date/Year</i> | <b>Circle one</b><br><i>CE Hrs (gen.. ethics, cultural, sup.)</i> |
|---|------------------------|---|
| 1. Event: _____                             | _____                  | _____   |
| Sponsoring Organization: _____              |                        |   |
| Sponsor or Approval # _____, when available | <i>Month/Date/Year</i> | <b>Circle one</b><br><i>CE Hrs (gen.. ethics, cultural, sup.)</i> |
| 2. Event: _____                             | _____                  | _____   |
| Sponsoring Organization: _____              |                        |   |
| Sponsor or Approval # _____, when available | <i>Month/Date/Year</i> | <b>Circle one</b><br><i>CE Hrs (gen.. ethics, cultural, sup.)</i> |
| 3. Event: _____                             | _____                  | _____   |
| Sponsoring Organization: _____              |                        |   |
| Sponsor or Approval # _____, when available | <i>Month/Date/Year</i> | <b>Circle one</b><br><i>CE Hrs (gen.. ethics, cultural, sup.)</i> |
| 4. Event: _____                             | _____                  | _____   |
| Sponsoring Organization: _____              |                        |   |
| Sponsor or Approval # _____, when available | <i>Month/Date/Year</i> | <b>Circle one</b><br><i>CE Hrs (gen.. ethics, cultural, sup.)</i> |
| 5. Event: _____                             | _____                  | _____   |
| Sponsoring Organization: _____              |                        |   |
| Sponsor or Approval # _____, when available |                        |   |

		<i>Month/Date/Year</i>	<b>Circle one</b> <i>CE Hrs (gen.. ethics, cultural, sup.)</i>
6.	Event: _____	_____	_____
	Sponsoring Organization: _____		
	Sponsor or Approval # _____, when available	<i>Month/Date/Year</i>	<b>Circle one</b> <i>CE Hrs (gen.. ethics, cultural, sup.)</i>
7.	Event: _____	_____	_____
	Sponsoring Organization: _____		
	Sponsor or Approval # _____, when available	<i>Month/Date/Year</i>	<b>Circle one</b> <i>CE Hrs (gen.. ethics, cultural, sup.)</i>
8.	Event: _____	_____	_____
	Sponsoring Organization: _____		
	Sponsor or Approval # _____, when available	<i>Month/Date/Year</i>	<b>Circle one</b> <i>CE Hrs (gen.. ethics, cultural, sup.)</i>
9.	Event: _____	_____	_____
	Sponsoring Organization: _____		
	Sponsor or Approval # _____, when available	<i>Month/Date/Year</i>	<b>Circle one</b> <i>CE Hrs (gen.. ethics, cultural, sup.)</i>
10.	Event: _____	_____	_____
	Sponsoring Organization: _____		
	Sponsor or Approval # _____, when available		

I certify that the information submitted is true and corrected, and that the original verification is available for inspection if I am chosen for audit.

**Total Hours:** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date